Chairperson Iowa Board of Medical Examiners 400 SW 8th, Suite C Des Moines, IA 50309-4686

RE: Voluntary Surrender

Dear Chairperson:

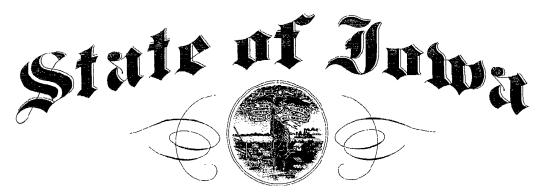
You are hereby notified that in accordance with the provisions of section 148.8 of the Code of Iowa (1999), this letter shall constitute my written statement of intention to voluntarily surrender the enclosed Iowa medical license, number 14949, to practice medicine and surgery, which was issued to me on the 1st day of July, 1954, recorded in the permanent records in the office of the Iowa Board of Medical Examiners.

You are notified that I fully understand that upon the Board's acceptance of this voluntary surrender of my medical license, I may no longer engage in the practice of medicine and surgery as a physician in the State of Iowa, effective
This written statement of my intention to voluntarily surrender my medical license is being signed by
me on this <u>//cf</u> day of <u>Acceptate</u> , 1999, as my own voluntary act and deed.
Vernon G. Helt, M.D.
WITNESS: hules. R. Smple

No. 14949

Book 3

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## CERTIFICATE OF LICENSE

## MEDICINE AND SURGERY

THIS IS TO CERTIFY	Y that <u>VERN</u>	ON GENE HELT,	<u>M.D.</u>	_residing at_Stou	x City	
County of Woodbu	state of	Iowa h	as given evidence o	f having received a dip	oloma from	
S	STATE UNIVERSIT	Y OF IOWA COL	LEGE OF ME	DICINE		
in the State of	<b>Lowa</b> on and further complied with	the <u>12th</u> day of all the requirements of	June f the Iowa law,	19 <b>_53</b> , and havin	g passed a	
	THE STATE BO	ARD OF MEDIC	CAL EXAMIN	IERS		
	<del>-</del>	n Act regulating the practic dicine and Surgery in the		gery, hereby certifies that	_he is legally	
Given under the hands and Seal of the State Department of Health of the State of Iowa, at Des Moines, on the 18t day of July in the year one thousand nine hundred						
			l <b>y</b> i	n the year one thousand n	iine hundred	
1 0000°	and fifty-	four				
Transparent of the state of the		-	COMMISSIO	S January ONER OF PUBLIC HEALTH	M. D.	